

**PRINTER RUSH**  
(PTO ASSISTANCE)

Corr HC

Application : 09/801908 Examiner : Henley, R. GAU : 1614  
From : AMW/CD Location: IDC FMF FDC Date: 11/16/08

Tracking #: \_\_\_\_\_ Week Date: \_\_\_\_\_

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[RUSH] MESSAGE:

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INITIALS: R.C.

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REV 10/04

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Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	COMPLIATION NO.
09/801,908	03/09/2001	Michael Strobel	833970.0002	2601

TITLE OF INVENTION: KSTOPROFEN POWDER FOR ORAL USE

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$300	\$985	03/03/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HENLEY III, RAYMOND J	1614	514-568000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.343).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1. Dechert, LLP  
2. John W. Ryan  
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Veterinary Solutions

Northfield, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent):

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- ☒ Publication Fee (No small entity discount permitted)
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5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(a)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

John W. Ryan

Typed or printed name

John W. Ryan

Date

January 3, 2005

Registration No.

33,771

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PTOL-85 (Rev. 11/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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